

Procedure Code	Description	Rate
400	INCISION OF LYMPHATIC STRUCTURES	\$0.00
401	DIAGNOSTIC PROCEDURES ON LYMPHATIC STRUCTURES	\$0.00
4011	BIOPSY OF LYMPHATIC STRUCTURE	\$0.00
4019	OTHER DIAGNOSTIC PROCEDURES ON LYMPHATIC STRUCTURES	\$0.00
402	SIMPLE EXCISION OF LYMPHATIC STRUCTURE	\$0.00
4021	EXCISION OF DEEP CERVICAL LYMPH NODE	\$0.00
4022	EXCISION OF INTERNAL MAMMARY LYMPH NODE	\$0.00
4023	EXCISION OF AXILLARY LYMPH NODE	\$0.00
4024	EXCISION OF INGUINAL LYMPH NODE	\$0.00
4029	SIMPLE EXCISION OF OTHER LYMPHATIC STRUCTURE	\$0.00
403	REGIONAL LYMPH NODE EXCISION	\$0.00
4040	RADICAL NECK DISSECTION, NOT OTHERWISE SPECIFIED	\$0.00
4041	RADICAL NECK DISSECTION, UNILATERAL	\$0.00
4042	RADICAL NECK DISSECTION, BILATERAL	\$0.00
40490	BIOPSY OF LIP	\$25.20
4050	RADICAL EXCISION OF LYMPH NODES, NOT OTHERWISE SPECIFIED	\$0.00
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$210.00
4051	RADICAL EXCISION OF AXILLARY LYMPH NODES	\$0.00
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	\$100.80
4052	RADICAL EXCISION OF PERIAORTIC LYMPH NODES	\$0.00
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	\$100.80
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)	\$210.00
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)	\$210.00
4053	RADICAL EXCISION OF ILIAC LYMPH NODES	\$0.00
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$210.00
4054	RADICAL GROIN DISSECTION	\$0.00
4059	RADICAL EXCISION OF OTHER LYMPH NODES	\$0.00
406	OPERATIONS ON THORACIC DUCT	\$0.00
4061	CANNULATION OF THORACIC DUCT	\$0.00
4062	FISTULIZATION OF THORACIC DUCT	\$0.00
4063	CLOSURE OF FISTULA OF THORACIC DUCT	\$0.00
4064	LIGATION OF THORACIC DUCT	\$0.00
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	\$182.66
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	\$210.00

Procedure Code	Description	Rate
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	\$271.83
4069	OTHER OPERATIONS ON THORACIC DUCT	\$0.00
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	\$369.60
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	\$542.40
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	\$477.61
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	\$336.00
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECT	\$504.00
40799	UNLISTED PROCEDURE, LIPS	\$0.00
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	\$40.45
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	\$42.00
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	\$38.60
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	\$42.00
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$16.80
40808	BIOPSY, VESTIBULE OF MOUTH	\$25.20
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	\$50.40
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	\$50.40
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	\$50.40
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	\$50.40
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$50.40
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	\$50.40
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	\$25.20
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	\$25.20
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	\$50.40
40840	VESTIBULOPLASTY; ANTERIOR	\$38.50
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	\$38.50

Procedure Code	Description	Rate
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	\$57.75
40844	VESTIBULOPLASTY; ENTIRE ARCH	\$220.00
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	\$96.25
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	\$0.00
409	OTHER OPERATIONS ON LYMPHATIC STRUCTURES	\$0.00
4100	BONE MARROW TRANSPLANT, NOT OTHERWISE SPECIFIED	\$0.00
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	\$42.00
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFI	\$40.04
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, S	\$50.40
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	\$50.40
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	\$50.40
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	\$50.40
4101	AUTOLOGOUS BONE MARROW TRANSPLANT WITHOUT PURGING	\$0.00
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$33.64
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	\$50.40
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	\$50.40
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	\$50.40
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	\$50.40
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION FOR SUBSEQUENT INTERS	\$262.33
4102	ALLOGENIC BONE MARROW TRANSPLANT WITH PURGING	\$0.00
4103	ALLOGENIC BONE MARROW TRANSPLANT WITHOUT PURGING	\$0.00
4104	AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANT WITHOUT PURGING	\$0.00
4107	AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANT WITH PURGING	\$0.00
4108	ALLOGENEIC HEMATOPOIETIC STEM CELL WITH PURGING	\$0.00
4109	AUTOLOGOUS BONE MARROW TRANSPLANT WITH PURGING	\$0.00

Procedure Code	Description	Rate
411	PUNCTURE OF SPLEEN	\$0.00
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$25.20
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$25.20
41108	BIOPSY OF FLOOR OF MOUTH	\$25.20
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$50.40
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	\$50.40
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	\$50.40
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	\$50.40
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$25.20
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$33.60
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$302.40
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	\$302.40
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	\$504.00
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION	\$504.00
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION	\$814.80
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK	\$814.80
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION	\$814.80
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECT	\$814.80
412	SPLENOTOMY	\$0.00
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	\$50.40
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	\$58.80
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	\$67.20
413	DIAGNOSTIC PROCEDURES ON BONE MARROW AND SPLEEN	\$0.00
4131	BIOPSY OF BONE MARROW	\$0.00
4132	CLOSED [ASPIRATION] [PERCUTANEOUS] BIOPSY OF SPLEEN	\$0.00
4133	OTHER BIOPSY OF SPLEEN	\$0.00
4138	OTHER DIAGNOSTIC PROCEDURES ON BONE MARROW	\$0.00
4139	OTHER DIAGNOSTIC PROCEDURES ON SPLEEN	\$0.00
414	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SPLEEN	\$0.00
4141	MARSUPIALIZATION OF SPLENIC CYST	\$0.00

Procedure Code	Description	Rate
4142	EXCISION OF LESION OR TISSUE OF SPLEEN	\$0.00
4143	PARTIAL SPLENECTOMY	\$0.00
415	TOTAL SPLENECTOMY	\$0.00
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$75.60
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	\$84.00
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$323.22
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$92.40
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	\$1,606.00
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	\$0.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$14.02
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	\$33.61
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	\$93.29
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	\$104.00
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	\$38.50
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$51.34
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$66.01
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	\$84.00
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	\$83.93
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR	\$115.82
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY)	\$69.30
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$84.00
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	\$23.10
41870	PERIODONTAL MUCOSAL GRAFTING	\$100.00
41872	GINGIVOPLASTY	\$77.00
41874	ALVEOPLASTY	\$69.06
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$0.00
419	OTHER OPERATIONS ON SPLEEN AND BONE MARROW	\$0.00
4191	ASPIRATION OF BONE MARROW FROM DONOR FOR TRANSPLANT	\$0.00
4192	INJECTION INTO BONE MARROW	\$0.00
4193	EXCISION OF ACCESSORY SPLEEN	\$0.00
4194	TRANSPLANTATION OF SPLEEN	\$0.00

Procedure Code	Description	Rate
4195	REPAIR AND PLASTIC OPERATIONS ON SPLEEN	\$0.00
4198	OTHER OPERATIONS ON BONE MARROW	\$0.00
4199	OTHER OPERATIONS ON SPLEEN	\$0.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$39.22
4201	INCISION OF ESOPHAGEAL WEB	\$0.00
4209	OTHER INCISION OF ESOPHAGUS	\$0.00
4210	ESOPHAGOSTOMY, NOT OTHERWISE SPECIFIED	\$0.00
42100	BIOPSY OF PALATE, UVULA	\$25.20
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$50.40
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$50.40
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$183.97
4211	CERVICAL ESOPHAGOSTOMY	\$0.00
4212	EXTERIORIZATION OF ESOPHAGEAL POUCH	\$0.00
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$309.39
42140	UVULECTOMY, EXCISION OF UVULA	\$42.00
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	\$422.89
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$67.85
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$103.41
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$116.74
4219	OTHER EXTERNAL FISTULIZATION OF ESOPHAGUS	\$0.00
422	DIAGNOSTIC PROCEDURES ON ESOPHAGUS	\$0.00
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$367.60
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	\$431.58
4221	OPERATIVE ESOPHAGOSCOPY BY INCISION	\$0.00
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBT	\$492.26
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	\$355.01
4222	ESOPHAGOSCOPY THROUGH ARTIFICIAL STOMA	\$0.00
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	\$268.32
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	\$356.04
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$378.00
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$351.91
4223	OTHER ESOPHAGOSCOPY	\$0.00
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$284.63

Procedure Code	Description	Rate
4224	CLOSED [ENDOSCOPIC] BIOPSY OF ESOPHAGUS	\$0.00
4225	OPEN BIOPSY OF ESOPHAGUS	\$0.00
42260	REPAIR OF NASOLABIAL FISTULA	\$168.00
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$76.37
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$71.21
4229	OTHER DIAGNOSTIC PROCEDURES ON ESOPHAGUS	\$0.00
42299	UNLISTED PROCEDURE, PALATE, UVULA	\$0.00
423	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ESOPHAGUS	\$0.00
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	\$62.13
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	\$67.20
4231	LOCAL EXCISION OF ESOPHAGEAL DIVERTICULUM	\$0.00
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	\$55.73
4232	LOCAL EXCISION OF OTHER LESION OR TISSUE OF ESOPHAGUS	\$0.00
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	\$112.00
4233	ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ESOPHAGUS	\$0.00
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	\$71.00
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	\$124.67
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	\$168.00
4239	OTHER DESTRUCTION OF LESION OR TISSUE OF ESOPHAGUS	\$0.00
4240	ESOPHAGECTOMY, NOT OTHERWISE SPECIFIED	\$0.00
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$34.88
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$42.00
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$100.80
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$134.40
4241	PARTIAL ESOPHAGECTOMY	\$0.00
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION	\$302.40
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	\$588.00
4242	TOTAL ESOPHAGECTOMY	\$0.00
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	\$672.00
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE	\$378.00

Procedure Code	Description	Rate
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION	\$672.00
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$218.40
42450	EXCISION OF SUBLINGUAL GLAND	\$233.68
425	INTRATHORACIC ANASTOMOSIS OF ESOPHAGUS	\$0.00
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$191.75
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	\$210.00
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$235.71
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF ONE SUBMANDIBULAR GLAND	\$302.40
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS	\$378.00
4251	INTRATHORACIC ESOPHAGUESOPHAGOSTOMY	\$0.00
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCT	\$338.91
4252	INTRATHORACIC ESOPHAGOGASTROSTOMY	\$0.00
4253	INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF SMALL BOWEL	\$0.00
4254	OTHER INTRATHORACIC ESOPHAGOENTEROSTOMY	\$0.00
4255	INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF COLON	\$0.00
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$25.20
4256	OTHER INTRATHORACIC ESOPHAGOCOLOSTOMY	\$0.00
4258	INTRATHORACIC ESOPHAGEAL ANASTOMOSIS WITH OTHER INTERPOSITION	\$0.00
4259	OTHER INTRATHORACIC ANASTOMOSIS OF ESOPHAGUS	\$0.00
426	ANTESTERNAL ANASTOMOSIS OF ESOPHAGUS	\$0.00
42600	CLOSURE SALIVARY FISTULA	\$186.79
4261	ANTESTERNAL ESOPHAGUESOPHAGOSTOMY	\$0.00
4262	ANTESTERNAL ESOPHAGOGASTROSTOMY	\$0.00
4263	ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF SMALL BOWEL	\$0.00
4264	OTHER ANTESTERNAL ESOPHAGOENTEROSTOMY	\$0.00
4265	ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION OF COLON	\$0.00
42650	DILATION SALIVARY DUCT	\$25.20
4266	OTHER ANTESTERNAL ESOPHAGOCOLOSTOMY	\$0.00
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	\$25.20
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$50.40
4268	OTHER ANTESTERNAL ESOPHAGEAL ANASTOMOSIS WITH INTERPOSITION	\$0.00
4269	OTHER ANTESTERNAL ANASTOMOSIS OF ESOPHAGUS	\$0.00

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42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	\$0.00
427	ESOPHAGOMYOTOMY	\$0.00
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$50.40
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH	\$84.00
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH	\$210.00
428	OTHER REPAIR OF ESOPHAGUS	\$0.00
42800	BIOPSY; OROPHARYNX	\$25.20
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$25.20
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$25.20
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$42.00
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$42.00
4281	INSERTION OF PERMANENT TUBE INTO ESOPHAGUS	\$0.00
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	\$141.80
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	\$339.94
4282	SUTURE OF LACERATION OF ESOPHAGUS	\$0.00
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$117.60
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$151.20
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$117.60
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$151.20
4283	CLOSURE OF ESOPHAGOSTOMY	\$0.00
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$81.60
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$81.60
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$92.80
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$129.62
4284	REPAIR OF ESOPHAGEAL FISTULA, NOT ELSEWHERE CLASSIFIED	\$0.00
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	\$325.91
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE	\$520.13
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP	\$814.80
4285	REPAIR OF ESOPHAGEAL STRICTURE	\$0.00

Procedure Code	Description	Rate
4286	PRODUCTION OF SUBCUTANEOUS TUNNEL WITHOUT ESOPHAGEAL ANASTOMOSIS	\$0.00
42860	EXCISION OF TONSIL TAGS	\$50.40
4287	OTHER GRAFT OF ESOPHAGUS	\$0.00
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$75.60
4289	OTHER REPAIR OF ESOPHAGUS	\$0.00
42890	LIMITED PHARYNGECTOMY	\$543.20
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR	\$547.79
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	\$808.47
429	OTHER OPERATIONS ON ESOPHAGUS	\$0.00
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$206.40
4291	LIGATION OF ESOPHAGEAL VARICES	\$0.00
4292	DILATION OF ESOPHAGUS	\$0.00
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$389.27
42953	PHARYNGOESOPHAGEAL REPAIR	\$323.43
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$114.60
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE	\$60.00
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE COMPLICATED, REQUIRING	\$120.00
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE WITH SECONDARY SURGICAL	\$150.00
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NAS	\$66.00
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); COMPLICATED, REQUIRING HOS	\$120.00
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL IN	\$150.00
4299	OTHER	\$0.00
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	\$0.00
430	GASTROTOMY	\$0.00
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	\$336.00
43030	CRICOPHARYNGEAL MYOTOMY	\$378.95
43045	ESOPHAGOTOMY, THORACIC APPROACH; WITH REMOVAL OF FOREIGN BODY	\$504.00
431	GASTROSTOMY	\$0.00
43100	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	\$403.20

Procedure Code	Description	Rate
43101	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH	\$551.71
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROST	\$1,117.04
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	\$1,293.72
4311	PERCUTANEOUS (ENDOSCOPIC) GASTROSTOMY (PEG)	\$0.00
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOM	\$1,146.35
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	\$1,314.15
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING	\$1,232.41
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT P;	\$1,207.65
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION,...WITH COLON	\$1,273.28
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH	\$1,098.87
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH	\$1,098.87
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH...;WITH COLON INTERPOSITION OR SMALL BOWEL	\$1,273.28
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERVICAL ESOPHAGOSTOMY	\$1,066.06
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH	\$420.00
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC APPROACH	\$603.51
4319	OTHER GASTROSTOMY	\$0.00
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN	\$75.13
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECT SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$89.58
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$106.71
43194	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BODY	\$96.80

Procedure Code	Description	Rate
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL;WITH BALLOON DILATION (LESS THAN 30MM DIAMETER)	\$106.92
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE	\$117.24
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	\$108.15
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$120.74
432	PERMANENT GASTROSTOMY	\$0.00
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE	\$93.91
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$137.26
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR	\$107.33
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	\$134.40
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	\$137.67
43211	REMOVAL OF TISSUE LINING OF ESPHAGUS USING AN ENDOSCOPE	\$145.72
43212	PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	\$114.96
43213	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); WITH DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR	\$721.78
43214	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$117.24
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF FOREIGN BODY	\$154.18
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYPS(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEP	\$149.23
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF POLYPOID LESION(S)	\$19.20
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR DILATION, DIRECT, ANY METHOD	\$118.47
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF WIRE TO GUIDE DILATION	\$124.67
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASE	\$185.55
43229	DESTRUCTIOB OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	\$425.60
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$127.35

Procedure Code	Description	Rate
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE	\$147.99
43233	BALLOON DILATION OF ESPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL USING ENDOSCOPE	\$139.11
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$168.00
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP	\$160.17
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE	\$120.95
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$149.64
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$184.80
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSMURAL DRAINAGE OF PSEUDOCYST	\$224.77
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$184.80
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSENDOSCOPIC ULTRASOOUND-GUIDED INTRAMU	\$161.61
43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$222.09
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC	\$166.98
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$184.80
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$226.83
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$184.80
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF	\$115.17
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH ...WITH BALLOON DILATION OF ESOPHAGUS	\$143.04
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$184.93

Procedure Code	Description	Rate
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$196.91
43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL	\$161.40
43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$167.60
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$218.58
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	\$166.36
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,...WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$142.83
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN;	\$259.44
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; WITH BIOPSY, SINGLE OR MULTIPLE	\$262.75
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	\$277.20
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	\$261.10
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	\$277.20
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	\$277.20
43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$138.70
43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING ENDOSCOPE	\$424.36
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S)	\$71.83
43274	PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$287.10
43275	REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$236.74
43276	REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$298.66
43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$238.19

Procedure Code	Description	Rate
43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	\$270.80
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	\$674.72
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	\$575.24
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT	\$881.53
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH	\$991.55
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	\$99.69
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	\$0.00
433	PYLOROMYOTOMY	\$0.00
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS	\$467.50
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL	\$661.10
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS	\$672.00
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL	\$672.00
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;W/O REPAIR OF CONG	\$1,500.94
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION),THORACIC APPROACH; WITH REPAIR OF CON	\$1,648.52
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY; ABDOMINAL APPROACH	\$567.81
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	\$588.00
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	\$588.00
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	\$492.06
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	\$501.76
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE;THORACOTOMY	\$737.05
43330	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); ABDOMINAL APPROACH	\$504.00

Procedure Code	Description	Rate
43331	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THORACIC APPROACH	\$504.00
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL	\$718.68
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL	\$780.40
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT	\$788.86
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL	\$849.96
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT	\$931.28
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT	\$1,016.52
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	\$82.77
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	\$588.00
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	\$558.52
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	\$336.00
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	\$336.00
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	\$336.00
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR	\$1,065.23
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAG- ECTOMY, FOR OBSTRUCTING ESOPHAGEAL...WITH COLON INTERPO	\$1,232.41
434	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF STOMACH	\$0.00
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	\$336.00
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	\$579.36
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION	\$656.56
4341	ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OR TISSUE OF STOMACH	\$0.00
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	\$416.93
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH	\$604.80
4342	LOCAL EXCISION OF OTHER LESION OR TISSUE OF STOMACH	\$0.00
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	\$336.00
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	\$568.43

Procedure Code	Description	Rate
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION	\$45.82
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	\$50.40
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	\$50.40
4349	OTHER DESTRUCTION OF LESION OR TISSUE OF STOMACH	\$0.00
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$0.00
43499	UNLISTED PROCEDURE, ESOPHAGUS	\$0.00
435	PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO ESOPHAGUS	\$0.00
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	\$310.01
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGOGASTRIC LACERATION	\$336.00
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, MALLORY-WEISS)	\$541.39
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES	\$336.00
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	\$257.17
436	PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO DUODENUM	\$0.00
43600	BIOPSY OF STOMACH; BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$50.40
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	\$320.54
43610	EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH	\$369.60
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	\$458.00
43620	GASTRECTOMY, TOTAL; INCLUDING INTESTINAL ANASTOMOSIS	\$730.80
43621	EXCISION, LOCAL; WITH ROUX-EN-Y RECONSTRUCTION	\$730.80
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	\$730.80
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	\$680.29
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	\$680.29
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTON	\$689.79
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	\$730.80
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY	\$672.00
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE	\$504.00
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; Parietal Cell (Highly Selective)	\$504.00
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY	\$870.39

Procedure Code	Description	Rate
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION	\$938.71
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	\$0.00
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	\$0.00
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$327.56
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE	\$394.43
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE(EG, STAMM PROCEDURE)	\$265.64
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	\$0.00
437	PARTIAL GASTRECTOMY WITH ANASTOMOSIS TO JEJUNUM	\$0.00
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL	\$12.59
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN(EG, ACID ANALYSIS)	\$19.20
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC	\$35.09
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR	\$31.58
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPE	\$45.61
43760	CHANGE OF GASTROSTOMY TUBE	\$30.00
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR	\$55.92
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND	\$549.44
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	\$632.62
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	\$482.15
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPO	\$632.82
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBUTANEOUS PORT	\$483.39

Procedure Code	Description	Rate
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	\$740.15
438	OTHER PARTIAL GASTRECTOMY	\$0.00
43800	PYLOROPLASTY	\$361.20
4381	PARTIAL GASTRECTOMY WITH JEJUNAL TRANSPOSITION	\$0.00
43810	GASTRODUODENOSTOMY	\$399.59
4382	LAPAROSCOPIC VERTICAL (SLEEVE) GASTRECTOMY	\$0.00
43820	GASTROJEJUNOSTOMY;	\$420.00
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	\$504.00
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	\$259.86
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL, FOR FEEDING	\$261.10
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)	\$336.00
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	\$378.00
43842	GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY	\$728.30
43843	GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY	\$728.30
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILESTOMY	\$0.00
43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY	\$635.71
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL BOWEL RECONSTRUCTION TO LIM	\$633.03
43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE)	\$829.73
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY	\$604.80
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY	\$604.80
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC	\$604.80
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC	\$604.80
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$279.47
43880	CLOSURE OF GASTROCOLIC FISTULA	\$336.00

Procedure Code	Description	Rate
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN	\$0.00
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN	\$0.00
43886	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	\$152.53
43887	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$149.43
43888	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	\$211.97
4389	OTHER	\$0.00
439	TOTAL GASTRECTOMY	\$0.00
4391	TOTAL GASTRECTOMY WITH INTESTINAL INTERPOSITION	\$0.00
4399	OTHER TOTAL GASTRECTOMY	\$0.00
43999	UNLISTED PROCEDURE, STOMACH	\$0.00
4400	VAGOTOMY, NOT OTHERWISE SPECIFIED	\$0.00
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	\$319.20
4401	TRUNCAL VAGOTOMY	\$0.00
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$352.80
44015	TUBE JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY	\$235.20
4402	HIGHLY SELECTIVE VAGOTOMY	\$0.00
44020	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$352.80
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)	\$352.80
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$352.80
4403	OTHER SELECTIVE VAGOTOMY	\$0.00
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	\$352.80
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)	\$352.80
441	DIAGNOSTIC PROCEDURES ON STOMACH	\$0.00
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$50.40
4411	TRANSABDOMINAL GASTROSCOPY	\$0.00
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI	\$378.54

Procedure Code	Description	Rate
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI	\$411.60
4412	GASTROSCOPY THROUGH ARTIFICIAL STOMA	\$0.00
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ANASTOMOSIS	\$511.87
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS	\$150.88
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH DOUBLE-BARREL ENTEROSTOMY	\$543.04
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL	\$1,112.29
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS WITH TAPERI	\$1,279.06
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS, EACH ADDIT	\$137.88
4413	OTHER GASTROSCOPY	\$0.00
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; (SEPARATE PROCEDURE)	\$436.80
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	\$2,524.48
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	\$0.00
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	\$75.75
4414	CLOSED [ENDOSCOPIC] BIOPSY OF STOMACH	\$0.00
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	\$546.00
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	\$639.60
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	\$622.92
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	\$617.55
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	\$714.00
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	\$714.00
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	\$714.00
4415	OTHER BIOPSY OF STOMACH	\$0.00
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY	\$714.00
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	\$633.03
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	\$739.20
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	\$716.62

Procedure Code	Description	Rate
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL	\$1,137.06
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVIOR	\$1,166.57
44160	COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	\$604.96
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS	\$464.81
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY	\$326.94
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$540.15
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$592.57
4419	OTHER DIAGNOSTIC PROCEDURES ON STOMACH	\$0.00
442	PYLOROPLASTY	\$0.00
44202	LAPAROSCOPY, SURGICAL; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACORPOREAL)	\$707.54
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	\$134.16
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	\$775.44
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	\$682.98
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE	\$830.55
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	\$908.99
44208	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WIT	\$982.88
4421	DILATION OF PYLORUS BY INCISION	\$0.00
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	\$870.18
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF	\$1,080.50
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY	\$1,009.71
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	\$106.50
4422	ENDOSCOPIC DILATION OF PYLORUS	\$0.00
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	\$836.33

Procedure Code	Description	Rate
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	\$0.00
4429	OTHER PYLOROPLASTY	\$0.00
443	GASTROENTEROSTOMY WITHOUT GASTRECTOMY	\$0.00
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)	\$313.11
4431	HIGH GASTRIC BYPASS	\$0.00
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE (SEPARATE PROCEDURE)	\$344.00
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$125.90
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	\$306.22
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	\$515.79
4432	PERCUTANEOUS (ENDOSCOPIC) GASTROJEJUNOSTOMY	\$0.00
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE)	\$344.40
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR HIRSCHSPRUNG DISEASE) (SEPARATE PROCEDURE)	\$344.40
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$46.80
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	\$332.10
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	\$352.80
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; DIAGNOSTIC	\$235.20
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH BIOPSY AND/OR COLLECTION OF SP	\$235.20
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF FOREIGN BODY	\$235.20
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF POLYPOID LESION(S)	\$235.20
44365	SMALL INTESTINAL ENDOSCOPY,...WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS OR BIPOLAR	\$194.43
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONTROL OF HEMORRHAGE (EG, ELE	\$237.15
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH ABLATION OF TUMOR OR MUCOSAL L	\$267.70

Procedure Code	Description	Rate
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH TRANSENDOSCOPIC STENT PLACEMEN	\$126.94
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH PLACEMENT OF PERCUTANEOUS JEJU	\$239.84
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONVERSION OF PERCUTANEOUS GAS	\$235.20
44376	SMALL INTESTINAL ENOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR	\$196.29
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	\$207.64
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	\$235.20
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND BEYOND PORTION OF DUODENUM, INCLUDING THE ILEUM, WITH TR	\$207.23
4438	LAPAROSCOPIC GASTROENTEROSTOMY	\$0.00
44380	FIBEROPTIC ILEOSCOPY THROUGH STOMA;	\$84.96
44382	FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$111.66
44383	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	\$71.83
44385	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;	\$108.36
44386	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY	\$80.08
44388	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY;	\$143.02
44389	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$101.76
4439	OTHER GASTROENTEROSTOMY	\$0.00
44390	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF FOREIGN BODY	\$141.38
44391	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGU	\$211.56
44392	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF POLYPOID LESION(S)	\$160.44
44393	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, LASER, HOT BIOPSY/FULG	\$228.07
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE	\$204.96

Procedure Code	Description	Rate
44397	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	\$132.72
4440	SUTURE OF PEPTIC ULCER, NOT OTHERWISE SPECIFIED	\$0.00
4441	SUTURE OF GASTRIC ULCER SITE	\$0.00
4442	SUTURE OF DUODENAL ULCER SITE	\$0.00
4443	ENDOSCOPIC CONTROL OF GASTRIC OR DUODENAL BLEEDING	\$0.00
445	REVISION OF GASTRIC ANASTOMOSIS	\$0.00
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG. MILLER-ABBOTT) (SEPARATE PROCEDURE)	\$13.21
446	OTHER REPAIR OF STOMACH	\$0.00
44602	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE; SINGLE PERFORAT	\$388.86
44603	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE; MULTIPLE	\$394.80
44604	SUTURE OF LARGE INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE; WITHOUT COLOSTOMY	\$394.80
44605	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPT	\$394.80
4461	SUTURE OF LACERATION OF STOMACH	\$0.00
44615	INTESTINAL STRICTUROPLASTY WITH OR WITHOUT DILATION FOR INTESTINAL OBSTRUCTION	\$384.32
4462	CLOSURE OF GASTROSTOMY	\$0.00
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	\$319.20
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	\$420.00
44626	CLOSURE OF ENTEROSTOMY WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	\$750.47
4463	CLOSURE OF OTHER GASTRIC FISTULA	\$0.00
4464	GASTROPEXY	\$0.00
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	\$319.20
4465	ESOPHAGOGASTROPLASTY	\$0.00
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	\$319.20
4466	OTHER PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE	\$0.00
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	\$319.20
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER RESECTION	\$319.20
4467	LAPAROSCOPIC PROCEDURES FOR CREATION OF ESOPHAGOGASTRIC SPHINCTERIC COMPETENCE	\$0.00

Procedure Code	Description	Rate
4468	LAPAROSCOPIC GASTROPLASTY	\$0.00
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	\$319.20
4469	OTHER	\$0.00
44700	EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE (EG, BLADDER OR OMENTUM)	\$580.40
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$90.40
44799	UNLISTED PROCEDURE, INTESTINE	\$0.00
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT	\$336.00
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	\$302.40
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	\$302.40
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	\$0.00
449	OTHER OPERATIONS ON STOMACH	\$0.00
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	\$260.40
4491	LIGATION OF GASTRIC VARICES	\$0.00
4492	INTRAOPERATIVE MANIPULATION OF STOMACH	\$0.00
4495	LAPAROSCOPIC GASTRIC RESTRICTIVE PROCEDURE	\$0.00
44950	APPENDECTOMY;	\$248.30
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE)	\$104.44
4496	LAPAROSCOPIC REVISION OF GASTRIC RESTRICTIVE PROCEDURE	\$0.00
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	\$350.40
4497	LAPAROSCOPIC REMOVAL OF GASTRIC RESTRICTIVE DEVICE	\$0.00
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$285.45
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	\$0.00
4498	LAPAROSCOPIC ADJUSTMENT OF SIZE OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE	\$0.00
4499	OTHER	\$0.00
4500	INCISION OF INTESTINE, NOT OTHERWISE SPECIFIED	\$0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$128.79
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$72.24
4501	INCISION OF DUODENUM	\$0.00
4502	OTHER INCISION OF SMALL INTESTINE	\$0.00
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	\$134.40
4503	INCISION OF LARGE INTESTINE	\$0.00

Procedure Code	Description	Rate
451	DIAGNOSTIC PROCEDURES ON SMALL INTESTINE	\$0.00
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$128.80
45108	ANORECTAL MYOMECTOMY	\$155.83
4511	TRANSABDOMINAL ENDOSCOPY OF SMALL INTESTINE	\$0.00
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY, ONE OR TWO STAGES	\$747.60
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM	\$606.61
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	\$747.60
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR, WITH OR WITHO	\$910.43
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH, ONE OR TWO STAGES	\$747.60
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE)	\$670.80
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF	\$941.80
4512	ENDOSCOPY OF SMALL INTESTINE THROUGH ARTIFICIAL STOMA	\$0.00
45120	PROCTECTOMY, COMPLETE; (EG, FOR CONGENITAL MEGACOLON, SWENSON, DUHAMEL, OR SOAVE TYPE OPERATION)	\$630.00
45121	PROCTECTOMY, COMPLETE; WITH SUBTOTAL OR TOTAL COLECTOMY, WITH MULTIPLE BIOPSIES (EG, FOR COLONIC AGANGLIONOSIS	\$630.00
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	\$568.22
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY, WITH REMOVAL OF BLADDER AND URETERAL	\$1,415.08
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	\$0.00
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	\$302.40
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROACH	\$302.40
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	\$869.98
4514	CLOSED [ENDOSCOPIC] BIOPSY OF SMALL INTESTINE	\$0.00
4515	OPEN BIOPSY OF SMALL INTESTINE	\$0.00
45150	DIVISION OF STRICTURE OF RECTUM	\$201.60
4516	ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH CLOSED BIOPSY	\$0.00
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROACH	\$302.40

Procedure Code	Description	Rate
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)	\$332.10
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)	\$456.35
4519	OTHER DIAGNOSTIC PROCEDURES ON SMALL INTESTINE	\$0.00
45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG,ELECTRODESICCATION) TRANSANAL APPROACH	\$290.20
452	DIAGNOSTIC PROCEDURES ON LARGE INTESTINE	\$0.00
4521	TRANSABDOMINAL ENDOSCOPY OF LARGE INTESTINE	\$0.00
4522	ENDOSCOPY OF LARGE INTESTINE THROUGH ARTIFICIAL STOMA	\$0.00
4523	COLONOSCOPY	\$0.00
4524	FLEXIBLE SIGNMOIDOSCOPY	\$0.00
4525	CLOSED [ENDOSCOPIC] BIOPSY OF LARGE INTESTINE	\$0.00
4526	OTHER BIOPSY OF LARGE INTESTINE	\$0.00
4527	INTESTINAL BIOPSY, SITE UNSPECIFIED	\$0.00
4528	OTHER DIAGNOSTIC PROCEDURES ON LARGE INTESTINE	\$0.00
4529	OTHER DIAGNOSTIC PROCEDURES ON INTESTINE, SITE UNSPECIFIED	\$0.00
4530	ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OF DUODENUM	\$0.00
45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	\$25.20
45303	PROCTOSIGMOIDOSCOPY; WITH DILATION, DIRECT, INSTRUMENTAL	\$25.20
45305	PROCTOSIGMOIDOSCOPY; WITH BIOPSY	\$33.60
45307	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$66.05
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPO	\$66.87
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	\$66.87
4531	OTHER LOCAL EXCISION OF LESION OF DUODENUM	\$0.00
45315	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF MULTIPLE EXCRESCENCES, PAPILLOMATA OR POLYPS	\$67.20
45317	PROCTOSIGMOIDOSCOPY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	\$67.20
4532	OTHER DESTRUCTION OF LESION OF DUODENUM	\$0.00
45320	PROCTOSIGMOIDOSCOPY; WITH ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)	\$84.00
45321	PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS	\$80.50

Procedure Code	Description	Rate
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	\$49.74
4533	LOCAL EXCISION OF LESION OR TISSUE OF SMALL INTESTINE, EXCEPT DUODENUM	\$0.00
45330	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$50.16
45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$65.84
45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$67.20
45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF POLYPOID LESION(S)	\$67.20
45334	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	\$67.20
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$80.70
45337	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH DECOMPRESSION OF VOLVULUS	\$81.60
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMORS, POLYPS OR OTHER LESIONS BY SNARE TECHNIQUE	\$81.60
45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESION NOT AMENABLE TO REMOVAL BY HOT BIOPS	\$58.80
4534	OTHER DESTRUCTION OF LESION OF SMALL INTESTINE, EXCEPT DUODENUM	\$0.00
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$184.11
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$110.63
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION	\$127.56
45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	\$85.45
45355	COLONOSCOPY, WITH STANDARD SIGMOIDOSCOPE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULTIPLE	\$235.20
45378	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLON DECOMPRESSION	\$172.14
45379	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY	\$220.02
45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH	\$192.57
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$217.96
45382	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHO	\$252.63

Procedure Code	Description	Rate
45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG, ELECTROCOAGULAT	\$258.21
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$256.76
45385	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF POLYPOID LESION(S)	\$261.30
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BT BALLOON, 1 OR MORE STRICTURES	\$414.45
45387	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDING PREDILATIO	\$173.17
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$154.39
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED	\$194.84
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	\$987.21
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH CREATION OF COLONIC	\$1,072.45
454	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF LARGE INTESTINE	\$0.00
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	\$576.48
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	\$781.43
4541	EXCISION OF LESION OR TISSUE OF LARGE INTESTINE	\$0.00
4542	ENDOSCOPIC POLYPECTOMY OF LARGE INTESTINE	\$0.00
4543	ENDOSCOPIC DESTRUCTION OF OTHER LESION OR TISSUE OF LARGE INTESTINE	\$0.00
4549	OTHER DESTRUCTION OF LESION OF LARGE INTESTINE	\$0.00
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	\$0.00
4550	ISOLATION OF INTESTINAL SEGMENT, NOT OTHERWISE SPECIFIED	\$0.00
45500	PROCTOPLASTY; FOR STENOSIS	\$285.04
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	\$269.76
4551	ISOLATION OF SEGMENT OF SMALL INTESTINE	\$0.00
4552	ISOLATION OF SEGMENT OF LARGE INTESTINE	\$0.00
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$19.72
45540	PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH	\$249.60
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	\$302.40
45550	PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH	\$369.60
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$210.00

Procedure Code	Description	Rate
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	\$429.31
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	\$677.20
456	OTHER EXCISION OF SMALL INTESTINE	\$0.00
4561	MULTIPLE SEGMENTAL RESECTION OF SMALL INTESTINE	\$0.00
4562	OTHER PARTIAL RESECTION OF SMALL INTESTINE	\$0.00
4563	TOTAL REMOVAL OF SMALL INTESTINE	\$0.00
457	PARTIAL EXCISION OF LARGE INTESTINE	\$0.00
4571	MULTIPLE SEGMENTAL RESECTION OF LARGE INTESTINE	\$0.00
4572	CECECTOMY	\$0.00
4573	RIGHT HEMICOLECTOMY	\$0.00
4574	RESECTION OF TRANSVERSE COLON	\$0.00
4575	LEFT HEMICOLECTOMY	\$0.00
4576	SIGMOIDECTOMY	\$0.00
4579	OTHER PARTIAL EXCISION OF LARGE INTESTINE	\$0.00
458	TOTAL INTRA-ABDOMINAL COLECTOMY	\$0.00
45800	CLOSURE OF RECTOVESICAL FISTULA;	\$420.00
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	\$420.00
4581	LAPAROSCOPIC TOTAL INTRA-ABDOMINAL COLECTOMY	\$0.00
4582	OPEN TOTAL INTRA-ABDOMINAL COLECTOMY	\$0.00
45820	CLOSURE OF RECTOURETHRAL FISTULA;	\$420.00
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	\$420.00
4583	OTHER AND UNSPECIFIED TOTAL INTRA-ADBOMINAL COLECTOMY	\$0.00
4590	INTESTINAL ANASTOMOSIS, NOT OTHERWISE SPECIFIED	\$0.00
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$25.20
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	\$42.00
4591	SMALL-TO-SMALL INTESTINAL ANASTOMOSIS	\$0.00
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	\$42.00
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$62.54
4592	ANASTOMOSIS OF SMALL INTESTINE TO RECTAL STUMP	\$0.00
4593	OTHER SMALL-TO-LARGE INTESTINAL ANASTOMOSIS	\$0.00
4594	LARGE-TO-LARGE INTESTINAL ANASTOMOSIS	\$0.00
4595	ANASTOMOSIS TO ANUS	\$0.00

Procedure Code	Description	Rate
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	\$56.97
45999	UNLISTED PROCEDURE, RECTUM	\$0.00
460	EXTERIORIZATION OF INTESTINE	\$0.00
4601	EXTERIORIZATION OF SMALL INTESTINE	\$0.00
4602	RESECTION OF EXTERIORIZED SEGMENT OF SMALL INTESTINE	\$0.00
46020	PLACEMENT OF SETON	\$128.17
4603	EXTERIORIZATION OF LARGE INTESTINE	\$0.00
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$25.20
4604	RESECTION OF EXTERIORIZED SEGMENT OF LARGE INTESTINE	\$0.00
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)	\$75.60
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	\$75.60
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$33.60
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR	\$266.80
46070	INCISION, ANAL SEPTUM (INFANT)	\$75.60
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$75.60
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$33.60
4610	COLOSTOMY, NOT OTHERWISE SPECIFIED	\$0.00
4611	TEMPORARY COLOSTOMY	\$0.00
4612	PERMANENT MAGNETIC COLOSTOMY	\$0.00
4613	PERMANENT COLOSTOMY	\$0.00
4614	DELAYED OPENING OF COLOSTOMY	\$0.00
4620	ILEOSTOMY, NOT OTHERWISE SPECIFIED	\$0.00
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	\$109.20
4621	TEMPORARY ILEOSTOMY	\$0.00
4622	CONTINENT ILEOSTOMY	\$0.00
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)	\$33.60
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	\$42.00
4623	OTHER PERMANENT ILEOSTOMY	\$0.00
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	\$33.60
4624	DELAYED OPENING OF ILEOSTOMY	\$0.00
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	\$67.20
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	\$210.00

Procedure Code	Description	Rate
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$226.80
46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	\$226.80
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	\$210.00
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	\$226.80
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	\$226.80
46270	FISTULECTOMY; SUBCUTANEOUS	\$137.67
46275	FISTULECTOMY; SUBMUSCULAR	\$193.20
46280	FISTULECTOMY; COMPLEX OR MULTIPLE	\$193.20
46285	FISTULECTOMY; SECOND STAGE	\$137.67
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$231.79
463	OTHER ENTEROSTOMY	\$0.00
4631	DELAYED OPENING OF OTHER ENTEROSTOMY	\$0.00
4632	PERCUTANEOUS [ENDOSCOPIC] JEJUNOSTOMY [PEJ]	\$0.00
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	\$33.60
4639	OTHER	\$0.00
4640	REVISION OF INTESTINAL STOMA, NOT OTHERWISE SPECIFIED	\$0.00
4641	REVISION OF STOMA OF SMALL INTESTINE	\$0.00
4642	REPAIR OF PERICOLOSTOMY HERNIA	\$0.00
4643	OTHER REVISION OF STOMA OF LARGE INTESTINE	\$0.00
4650	CLOSURE OF INTESTINAL STOMA, NOT OTHERWISE SPECIFIED	\$0.00
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$25.20
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$124.87
4651	CLOSURE OF STOMA OF SMALL INTESTINE	\$0.00
4652	CLOSURE OF STOMA OF LARGE INTESTINE	\$0.00
4660	FIXATION OF INTESTINE, NOT OTHERWISE SPECIFIED	\$0.00
46600	ANOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	\$16.92
46604	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	\$25.20
46606	ANOSCOPY; FOR BIOPSY	\$25.20
46608	ANOSCOPY; FOR REMOVAL OF FOREIGN BODY	\$42.00
4661	FIXATION OF SMALL INTESTINE TO ABDOMINAL WALL	\$0.00
46610	ANOSCOPY; FOR REMOVAL OF POLYP	\$52.43
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	\$51.81

Procedure Code	Description	Rate
46612	ANOSCOPY; FOR MULTIPLE POLYP REMOVAL	\$66.87
46614	ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION	\$67.20
46615	ANOSCOPY; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESIONS NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIP	\$92.47
4662	OTHER FIXATION OF SMALL INTESTINE	\$0.00
4663	FIXATION OF LARGE INTESTINE TO ABDOMINAL WALL	\$0.00
4664	OTHER FIXATION OF LARGE INTESTINE	\$0.00
467	OTHER REPAIR OF INTESTINE	\$0.00
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	\$285.45
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	\$280.00
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$78.43
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA)	\$254.08
4671	SUTURE OF LACERATION OF DUODENUM	\$0.00
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; TRANSPERINEAL APPROACH	\$519.10
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; COMBINED TRANSPERINEAL AND TRANSABDOMINAL APPROACH	\$1,088.55
46715	REPAIR OF CONGENITAL ANOVAGINAL FISTULA ("CUT-BACK" TYPE PROCEDURE)	\$235.62
46716	PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA	\$293.99
4672	CLOSURE OF FISTULA OF DUODENUM	\$0.00
4673	SUTURE OF LACERATION OF SMALL INTESTINE, EXCEPT DUODENUM	\$0.00
46730	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; PERINEAL OR SACROCOCCYGEAL APPROACH	\$420.00
46735	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; COMBINED ABDOMINAL AND PERINEAL APPROACH	\$336.00
4674	CLOSURE OF FISTULA OF SMALL INTESTINE, EXCEPT DUODENUM	\$0.00
46740	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF URINARY FISTULA	\$336.00
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL AND SACROP	\$502.00
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH	\$502.00
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPR	\$552.00
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED...;WITH VAGINAL LENGTHENING BY	\$552.00

Procedure Code	Description	Rate
4675	SUTURE OF LACERATION OF LARGE INTESTINE	\$0.00
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	\$302.58
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	\$266.46
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$247.89
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$25.20
4676	CLOSURE OF FISTULA OF LARGE INTESTINE	\$0.00
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	\$336.00
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)	\$336.00
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SPHINCTER	\$336.00
4679	OTHER REPAIR OF INTESTINE	\$0.00
4680	INTRA-ABDOMINAL MANIPULATION OF INTESTINE, NOT OTHERWISE SPECIFIED	\$0.00
4681	INTRA-ABDOMINAL MANIPULATION OF SMALL INTESTINE	\$0.00
4682	INTRA-ABDOMINAL MANIPULATION OF LARGE INTESTINE	\$0.00
4685	DILATION OF INTESTINE	\$0.00
4686	ENDOSCOPIC INSERTION OF THE COLONIC STENT(S)	\$0.00
4687	OTHER INSERTION OF COLONIC STENT(S)	\$0.00
469	OTHER OPERATIONS ON INTESTINES	\$0.00
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	\$42.00
4691	MYOTOMY OF SIGMOID COLON	\$0.00
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL	\$42.00
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR	\$42.00
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	\$42.00
4692	MYOTOMY OF OTHER PARTS OF COLON	\$0.00
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	\$42.00
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE,	\$60.00
4693	REVISION OF ANASTOMOSIS OF SMALL INTESTINE	\$0.00
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	\$97.83

Procedure Code	Description	Rate
4694	REVISION OF ANASTOMOSIS OF LARGE INTESTINE	\$0.00
46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	\$31.79
46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQU	\$30.86
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	\$50.40
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	\$151.20
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$178.74
4695	LOCAL PERFUSION OF SMALL INTESTINE	\$0.00
4696	LOCAL PERFUSION OF LARGE INTESTINE	\$0.00
4697	TRANSPLANT OF INTESTINE	\$0.00
4699	OTHER	\$0.00
46999	UNLISTED PROCEDURE, ANUS	\$0.00
470	APPENDECTOMY	\$0.00
47000	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE;	\$72.45
47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS	\$72.45
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	\$346.75
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBCIC OR ECHINOCOCCAL)CYST(S) OR ABCE	\$343.86
4709	OTHER APPENDECTOMY	\$0.00
471	INCIDENTAL APPENDECTOMY	\$0.00
47100	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	\$223.94
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	\$520.80
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	\$520.80
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	\$520.80
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	\$520.80
47135	LIVER TRANSPLANT, WITH OR WITHOUT RECIPIENT HEPATECTOMY	\$2,524.48
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	\$1,505.00
47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY	\$1,701.56
47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY	\$2,054.71
47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY	\$2,262.76

Procedure Code	Description	Rate
4719	OTHER INCIDENTAL APPENDECTOMY	\$0.00
472	DRAINAGE OF APPENDICEAL ABSCESS	\$0.00
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	\$373.38
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	\$378.00
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVERWOUND OR INJURY, WITH OR WITHOUT HEPATIC ARTERY LIGATIO	\$378.00
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE	\$950.47
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING	\$339.53
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$537.47
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$506.71
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	\$0.00
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$631.17
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$623.95
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$376.06
47399	UNLISTED PROCEDURE, LIVER	\$0.00
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	\$504.00
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS	\$554.40
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS	\$554.40
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY (SEPARATE PROCEDURE)	\$630.00
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)	\$356.66
47490	PERCUTANEOUS CHOLECYSTOSTOMY	\$210.12
47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY	\$25.20
47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUTANEOUS TRANSHEPATIC OR T-TUBE)	\$74.21
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE	\$58.80
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIARY DRAINAGE	\$58.80
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	\$58.80
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE	\$58.80

Procedure Code	Description	Rate
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY)	\$102.79
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC	\$160.99
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHIN	\$225.18
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S)	\$286.48
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT S	\$221.05
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STEN	\$304.38
47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY	\$150.67
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY	\$158.93
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$354.60
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$384.94
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$470.59
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	\$410.74
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	\$0.00
47600	CHOLECYSTECTOMY;	\$411.15
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	\$444.79
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	\$524.05
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	\$529.20
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH O	\$529.20
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQUE)	\$233.17
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOU	\$478.64
47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	\$504.00
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC	\$674.52
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC	\$789.69
47715	EXCISION OF CHOLEDOCHAL CYST	\$462.00

Procedure Code	Description	Rate
47720	CHOLECYSTOENTEROSTOMY; DIRECT	\$462.00
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	\$462.00
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	\$545.93
47741	ROUX-EN-Y WITH GASTROENTEROSTOMY	\$693.50
47760	ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$709.40
47765	ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	\$714.00
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$714.00
47785	ANASTOMOSIS. ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$829.93
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS	\$694.74
47801	PLACEMENT OF CHOLEDOCHAL STENT	\$368.84
47802	U-TUBE HEPATICOENTEROSTOMY	\$462.00
479	OTHER OPERATIONS ON APPENDIX	\$0.00
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	\$645.62
4791	APPENDICOSTOMY	\$0.00
4792	CLOSURE OF APPENDICEAL FISTULA	\$0.00
4799	OTHER	\$0.00
47999	UNLISTED PROCEDURE, BILIARY TRACT	\$0.00
480	PROCTOTOMY	\$0.00
48000	DRAINAGE OF ABDOMEN FOR PANCREATITIS	\$336.00
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY, GASTROSTOMY, AND JEJUNOSTOM	\$525.29
48020	REMOVAL OF PANCREATIC CALCULUS	\$378.00
481	PROCTOSTOMY	\$0.00
48100	BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	\$67.20
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$67.20
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS	\$1,457.39
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	\$420.00
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	\$672.00
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJEJUNOSTOMY	\$672.00

Procedure Code	Description	Rate
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)	\$672.00
48148	EXCISION OF AMPULLA OF VATER, SIMPLE	\$506.92
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATICODUODENECTOMY (WHIPPLE TYPE PROCEDURE), AND PANCREATIC JEJUN	\$672.00
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,.....; WITHOUT PANCREATOJEJUNOSTOMY	\$672.00
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJEUNOS	\$672.00
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, ....; WITHOUT PANCREATOJEJUNOSTOMY	\$672.00
48155	PANCREATECTOMY, TOTAL;	\$672.00
48160	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION	\$0.00
482	DIAGNOSTIC PROCEDURES ON RECTUM, RECTOSIGMOID, AND PERIRECTAL TISSUE	\$0.00
4821	TRANSABDOMINAL PROCTOSIGMOIDOSCOPY	\$0.00
4822	PROCTOSIGMOIDOSCOPY THROUGH ARTIFICIAL STOMA	\$0.00
4823	RIGID PROCTOSIGMOIDOSCOPY	\$0.00
4824	CLOSED [ENDOSCOPIC] BIOPSY OF RECTUM	\$0.00
4825	OTHER BIOPSY OF RECTUM	\$0.00
4826	BIOPSY OF PERIRECTAL TISSUE	\$0.00
4829	OTHER DIAGNOSTIC PROCEDURES ON RECTUM, RECTOSIGMOID, AND PERIRECTAL TISSUE	\$0.00
483	LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF RECTUM	\$0.00
4831	RADICAL ELECTROCOAGULATION OF RECTAL LESION OR TISSUE	\$0.00
4832	OTHER ELECTROCOAGULATION OF RECTAL LESION OR TISSUE	\$0.00
4833	DESTRUCTION OF RECTAL LESION OR TISSUE BY LASER	\$0.00
4834	DESTRUCTION OF RECTAL LESION OR TISSUE BY CRYOSURGERY	\$0.00
4835	LOCAL EXCISION OF RECTAL LESION OR TISSUE	\$0.00
4836	[ENDOSCOPIC] POLPECTOMY OF RECTUM	\$0.00
484	PULL-THROUGH RESECTION OF RECTUM	\$0.00
4840	PULL-THROUGH RESECTION OF RECTUM, NOT OTHERWISE SPECIFIED	\$0.00
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY	\$66.25
4841	SOAVE SUBMUCOSAL RESECTION OF RECTUM	\$0.00
4842	LAPAROSCOPIC PULL-THROUGH RESECTION OF RECTUM	\$0.00
4843	OPEN PULL-THROUGH RESECTION OF RECTUM	\$0.00
4849	OTHER PULL-THROUGH RESECTION OF RECTUM	\$0.00
485	ABDOMINOPERINEAL RESECTION OF RECTUM	\$0.00

Procedure Code	Description	Rate
4850	ABDOMINOPERINEAL RESECTION OF THE RECTUM, NOT OTHERWISE SPECIFIED	\$0.00
48500	MARSUPIALIZATION OF CYST OF PANCREAS	\$420.00
4851	LAPAROSCOPIC ABDOMINOPERINEAL RESECTION OF THE RECTUM	\$0.00
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	\$420.00
4852	OPEN ABDOMINOPERINEAL RESECTION OF THE RECTUM	\$0.00
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	\$420.00
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	\$420.00
48545	PANCREATORRHAPHY FOR TRAUMA	\$420.00
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	\$420.00
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS	\$849.75
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	\$1,285.05
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	\$471.42
4859	OTHER ABDOMINOPERINEAL RESECTION OF THE RECTUM	\$0.00
486	OTHER RESECTION OF RECTUM	\$0.00
4861	TRANSSACRAL RECTOSIGMOIDECTOMY	\$0.00
4862	ANTERIOR RESECTION OF RECTUM WITH SYNCHRONOUS COLOSTOMY	\$0.00
4863	OTHER ANTERIOR RESECTION OF RECTUM	\$0.00
4864	POSTERIOR RESECTION OF RECTUM	\$0.00
4865	DUHAMEL RESECTION OF RECTUM	\$0.00
4866	HARTMANN RESECTION OF RECTUM	\$0.00
4869	OTHER	\$0.00
487	REPAIR OF RECTUM	\$0.00
4871	SUTURE OF LACERATION OF RECTUM	\$0.00
4872	CLOSURE OF PROCTOSTOMY	\$0.00
4873	CLOSURE OF OTHER RECTAL FISTULA	\$0.00
4874	RECTORECTOSTOMY	\$0.00
4875	ABDOMINAL PROCTOPEXY	\$0.00
4876	OTHER PROCTOPEXY	\$0.00
4879	OTHER REPAIR OF RECTUM	\$0.00
488	INCISION OR EXCISION OF PERIRECTAL TISSUE OR LESION	\$0.00
4881	INCISION OF PERIRECTAL TISSUE	\$0.00
4882	EXCISION OF PERIRECTAL TISSUE	\$0.00
4888	COURT ORDERED PAYMENT	\$0.00
489	OTHER OPERATIONS ON RECTUM AND PERIRECTAL TISSUE	\$0.00
4891	INCISION OF RECTAL STRICTURE	\$0.00
4892	ANORECTAL MYECTOMY	\$0.00

Procedure Code	Description	Rate
4893	REPAIR OF PERIRECTAL FISTULA	\$0.00
4899	OTHER	\$0.00
48999	UNLISTED PROCEDURE, PANCREAS	\$0.00
490	INCISION OR EXCISION OF PERIANAL TISSUE	\$0.00
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	\$302.40
49002	REOPENING OF RECENT LAPAROTOMY	\$316.80
4901	INCISION OF PERIANAL ABSCESS	\$0.00
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	\$302.40
4902	OTHER INCISION OF PERIANAL TISSUE	\$0.00
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, OPEN	\$302.40
4903	EXCISION OF PERIANAL SKIN TAGS	\$0.00
4904	OTHER EXCISION OF PERIANAL TISSUE	\$0.00
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	\$344.28
49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	\$302.40
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	\$417.34
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$99.48
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$187.62
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$59.65
491	INCISION OR EXCISION OF ANAL FISTULA	\$0.00
4911	ANAL FISTULOTOMY	\$0.00
4912	ANAL FISTULECTOMY	\$0.00
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	\$25.20
492	DIAGNOSTIC PROCEDURES ON ANUS AND PERIANAL TISSUE	\$0.00
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL	\$617.76
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL	\$788.65
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERTIONEAL	\$903.00
4921	ANOSCOPY	\$0.00
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	\$482.40
4922	BIOPSY OF PERIANAL TISSUE	\$0.00

Procedure Code	Description	Rate
49220	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSY)	\$496.80
4923	BIOPSY OF ANUS	\$0.00
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	\$210.00
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	\$218.16
4929	OTHER DIAGNOSTIC PROCEDURES ON ANUS AND PERIANAL TISSUE	\$0.00
493	LOCAL EXCISION OR DESTRUCTION OF OTHER LESION OR TISSUE OF ANUS	\$0.00
4931	ENDOSCOPIC EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ANUS	\$0.00
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/OR W/OUT COLLECTION OF SPECIMENS BY	\$175.03
49321	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM, WITH BIOPSY (SINGLE OR MULTIPLE)	\$183.70
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPLE)	\$194.43
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL	\$302.79
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT	\$202.27
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL	\$217.96
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE)	\$100.31
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	\$80.29
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$0.00
4939	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF ANUS	\$0.00
494	PROCEDURES ON HEMORRHOIDS	\$0.00
49400	PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL	\$42.00
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$437.77
49405	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	\$510.63
49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	\$510.43
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE VAGINA OR RECTUM	\$431.38
4941	REDUCTION OF HEMORRHOIDS	\$0.00

Procedure Code	Description	Rate
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG,FIDUCIAL MARKERS, DOSIMETER), PERCUT	\$288.75
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG, FIDUCIAL MARKERS,DOSIMETER),OPEN	\$50.16
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION,	\$142.62
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR. PERMANENT (IE, TOTALLY IMPLANTA	\$227.25
4942	INJECTION OF HEMORRHOIDS	\$0.00
49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; TEMPORARY	\$25.20
49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT	\$25.20
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	\$222.91
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCED	\$55.52
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)	\$28.90
49425	PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT)	\$361.20
49426	REVISION OF PERITONEAL-VENOUS SHUNT	\$313.11
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT	\$8.40
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	\$67.29
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	\$215.48
4943	CAUTERIZATION OF HEMORRHOIDS	\$0.00
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE	\$64.60
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	\$94.94
4944	DESTRUCTION OF HEMORRHOIDS BY CRYOTHERAPY	\$0.00
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION	\$613.63
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	\$726.32
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	\$592.37

Procedure Code	Description	Rate
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	\$604.13
4945	LIGATION OF HEMORRHOIDS	\$0.00
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	\$421.26
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	\$447.06
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	\$547.99
4946	EXCISION OF HEMORRHOIDS	\$0.00
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY	\$21.60
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY,	\$93.71
4947	EVACUATION OF THROMBOSED HEMORRHOIDS	\$0.00
4949	OTHER PROCEDURES ON HEMORRHOIDS	\$0.00
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	\$366.98
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	\$450.98
49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	\$240.04
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	\$297.84
495	DIVISION OF ANAL SPHINCTER	\$0.00
49500	REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY	\$227.25
49501	REPAIR INITIAL INGUINAL HERNIA, 6 MONTHS TO UNDER 5 YRS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	\$274.51
49505	REPAIR INGUINAL HERNIA, AGE 5 OR OVER;	\$241.28
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YRS OR OVER; INCARCERATED OR STRANGULATED	\$277.40
4951	LEFT LATERAL ANAL SPHINCTEROTOMY	\$0.00
4952	POSTERIOR ANAL SPHINCTEROTOMY	\$0.00
49520	REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT	\$295.15
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$320.13
49525	REPAIR INGUINAL HERNIA, ANY AGE; SLIDING	\$283.59
49540	REPAIR LUMBAR HERNIA	\$168.00

Procedure Code	Description	Rate
49550	REPAIR FEMORAL HERNIA, GROIN INCISION	\$243.96
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$266.67
49555	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	\$303.41
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$329.62
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$340.35
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	\$375.44
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$334.57
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	\$394.02
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN	\$165.12
49570	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE	\$201.65
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$247.27
49580	REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS	\$196.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$218.58
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$211.97
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$230.76
4959	OTHER ANAL SPHINCTEROTOMY	\$0.00
49590	REPAIR SPIGELIAN HERNIA	\$276.58
496	EXCISION OF ANUS	\$0.00
49600	REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE	\$325.49
49605	REPAIR OF OMPHALOCELE; LARGE OR GASTROSCHISIS, WITH OR WITHOUT PROSTHESIS	\$352.80
49606	REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS, REDUCTION IN OPERATING ROOM, UNDER ANESTHESIA	\$352.80
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	\$344.89
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	\$352.80
49650	LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA	\$211.35
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$278.85
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; REDUCIBLE	\$410.12
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; INCARCERATED OR	\$511.87
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	\$470.59
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED	\$566.57

Procedure Code	Description	Rate
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; REDUCIBLE	\$596.29
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; INCARCERATED OR STRANGULATED	\$682.15
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORGRAPHY, HERNIOTOMY	\$0.00
497	REPAIR OF ANUS	\$0.00
4971	SUTURE OF LACERATION OF ANUS	\$0.00
4972	ANAL CERCLAGE	\$0.00
4973	CLOSURE OF ANAL FISTULA	\$0.00
4974	GRACILIS MUSCLE TRANSPLANT FOR ANAL INCONTINENCE	\$0.00
4975	IMPLANTATION OR REVISION OF ARTIFICIAL ANAL SPHINCTER	\$0.00
4976	REMOVAL OF ARTIFICIAL ANAL SPHINCTER	\$0.00
4979	OTHER REPAIR OF ANAL SPHINCTER	\$0.00
499	OTHER OPERATIONS ON ANUS	\$0.00
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	\$137.82
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)	\$782.05
49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SEPARATELY IN ADDITION TO CODE F	\$224.36
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$0.00
4991	INCISION OF ANAL SEPTUM	\$0.00
4992	INSERTION OF SUBCUTANEOUS ELECTRICAL ANAL STIMULATOR	\$0.00
4993	OTHER INCISION OF ANUS	\$0.00
4994	REDUCTION OF ANAL PROLAPSE	\$0.00
4995	CONTROL OF (POSTOPERATIVE) HEMORRHAGE OF ANUS	\$0.00
4999	OTHER	\$0.00
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$0.00